	CARE			2
9047	WEST	GREE	NFI	ELD
WEST	ATITS			532

WEST ALLIS 53214 Phone: (414) 453-9290)	Ownershi p:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	167	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	189	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	125	Average Daily Census:	120
***************	******	************	************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	42 . 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	4.0	More Than 4 Years	13. 6
Day Servi ces	No	Mental Illness (Org./Psy)	12.8	65 - 74	13. 6		
Respite Care	Yes	Mental Illness (Other)	3. 2	75 - 84	28. 8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	44. 0	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.8	95 & 0ver	9. 6	Full-Time Equivale	nt
Congregate Meals	No	Cancer	3. 2	İ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	4. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	12. 0	65 & 0ver	96. 0		
Transportati on	No	Cerebrovascul ar	8. 8			RNs	5. 3
Referral Service	No	Di abetes	1. 6	Sex	% j	LPNs	9. 6
Other Services	No	Respi ratory	7. 2		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	46. 4	Male	33.6	Ai des, & Orderlies	34. 0
Mentally Ill	No			Female	66. 4		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100.0		
************	****	, ************	*****	, *******	********	********	*****

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	3	3. 2	129	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	3	2. 4
Skilled Care	11	100.0	251	88	93.6	109	0	0.0	0	20	100.0	170	0	0.0	0	0	0.0	0	119	95. 2
Intermedi ate				3	3. 2	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		94	100.0		0	0.0		20	100.0		0	0.0		0	0.0		125	100. 0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	, Servi ces	s, and Activities as of 12/	31/01
Deaths During Reporting Period				% No.	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One Or 7	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1.6		5. 2	23. 2	125
Other Nursing Homes	4. 3	Dressi ng	6. 4		1. 2	22. 4	125
Acute Care Hospitals	87. 7	Transferring	17. 6		6. 0	26. 4	125
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 2		2. 0	32. 8	125
Rehabilitation Hospitals	0.0	Eating	56. 0		8. 8	15. 2	125
Other Locations	3. 2	***********	******	******	******	*********	*****
Total Number of Admissions	187	Continence		1	ecial Trea		%
Percent Discharges To:		Indwelling Or Externa				Respiratory Care	8. 0
Private Home/No Home Health	31. 4	0cc/Freq. Incontinent				Tracheostomy Care	0.8
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel			Suctioning	0. 0
Other Nursing Homes	5. 9					Ostomy Care	1. 6
Acute Care Hospitals	22. 9	Mobility				Tube Feeding	4.0
Psych. Hosp MR/DD Facilities	0. 0	Physically Restrained		0.8	Recei vi ng	Mechanically Altered Diets	25. 6
Rehabilitation Hospitals	0.0			0.1			
Other Locations	4.8	Skin Care				ent Characteristics	100.0
Deaths	35. 1	With Pressure Sores				ce Directives	100. 0
Total Number of Discharges	100	With Rashes			di cati ons	Daniel and the Daniel	47 0
(Including Deaths)	188	l		j	kecei vi ng	Psychoactive Drugs	47. 2

	Facility	Peer	Group	Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	63. 3	77. 1	0. 82	85. 7	0. 74	82. 7	0. 77	84. 6	0. 75
Current Residents from In-County	93. 6	82. 7	1. 13	86. 1	1. 09	85 . 3	1. 10	77. 0	1. 22
Admissions from In-County, Still Residing	26. 2	19. 1	1. 37	17. 5	1. 49	21. 2	1. 24	20. 8	1. 26
Admissions/Average Daily Census	155. 8	173. 2	0. 90	212. 2	0. 73	148. 4	1. 05	128. 9	1. 21
Discharges/Average Daily Census	156. 7	173.8	0. 90	210. 1	0. 75	150. 4	1. 04	130. 0	1. 20
Discharges To Private Residence/Average Daily Census	49. 2	71.5	0. 69	87. 3	0. 56	58. 0	0.85	52. 8	0. 93
Residents Receiving Skilled Care	97. 6	92.8	1.05	93. 8	1.04	91. 7	1.06	85. 3	1. 14
Residents Aged 65 and Older	96. 0	86. 6	1. 11	94. 0	1. 02	91. 6	1.05	87. 5	1. 10
Title 19 (Medicaid) Funded Residents	75. 2	71. 1	1.06	60. 5	1. 24	64. 4	1. 17	68. 7	1.09
Private Pay Funded Residents	16. 0	13. 9	1. 16	26. 1	0. 61	23. 8	0. 67	22. 0	0. 73
Developmentally Disabled Residents	0.0	1. 3	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	16. 0	32. 5	0.49	27. 3	0. 59	32. 2	0. 50	33. 8	0. 47
General Medical Service Residents	46. 4	20. 2	2. 29	27. 4	1. 70	23. 2	2.00	19. 4	2. 39
Impaired ADL (Mean)	52. 5	52. 6	1.00	51. 2	1. 03	51. 3	1. 02	49. 3	1. 07
Psychological Problems	47. 2	48.8	0. 97	52. 4	0. 90	50. 5	0. 93	51. 9	0. 91
Nursing Care Required (Mean)	6. 5	7. 3	0. 89	6. 7	0. 97	7. 2	0. 90	7. 3	0.89